

IN THE DISTRICT COURT OF WOODS COUNTY
STATE OF OKLAHOMA

FILED

MAY 24 2023

WOODS COUNTY, OKLAHOMA
STACI DAVEY, COURT CLERK

BY _____ DEPUTY

The Estate of DOROTHY LEE ASHTON, by)
and through TERRY ASHTON, Personal)
Representative,)

Plaintiff,)

vs.)

Case No. CJ-2023- 15

STATE OF OKLAHOMA, ex rel.,)
OKLAHOMA DEPARTMENT OF)
HUMAN SERVICES and OKLAHOMA)
HEALTH CARE AUTHORITY,)

Defendants.)

PETITION

COMES NOW the Plaintiff, the Estate of Dorothy Lee Ashton, ("Ashton"), by and through its undersigned counsel, and for his cause of action against the State of Oklahoma, ex rel., Oklahoma Department of Human Services ("OKDHS") and the Oklahoma Health Care Authority ("OHCA") states and alleges as follows:

PARTIES

1. Dorothy Ashton, deceased, was an individual residing in Beadles Nursing Home Alva, Woods County, State of Oklahoma.
2. Defendant Oklahoma Department of Human Services is a government entity conducting business in Woods County, State of Oklahoma.
3. Defendant Oklahoma Health Care Authority is a government entity with the responsibility of promulgating Medicaid policies for the State of Oklahoma and is the designated state agency for the administration of the state Medicaid program pursuant to 63 O.S. §5009.

JURISDICTION AND VENUE

4. This Court has jurisdiction over the parties and venue is proper as the acts giving rise to the claims in this case occurred in Woods County, Oklahoma.

FACTS

5. Dorothy Ashton, deceased, applied for Medicaid and OKDHS and OHCA, herein Defendants, failed to make a determination as to her eligibility.

6. The failure to determine Ashton eligible for Medicaid benefits violates federal rights guaranteed to her by 42 U.S.C. §§1396a(a)(8), 1396p(c)(1)(I), 1396p(c)(2)(C) and 20 C.F.R. §416.1201, enforceable by Ashton pursuant to 42 U.S.C. §1983.

7. Ashton's estate has a right to damages as a result of the Defendants' violation of her federal rights.

8. Title XIX of the Social Security Act is codified at U.S.C §1396 et. seq. and governs the federal Medicaid program. It authorizes the establishment by states of medical assistance programs for individuals who meet certain eligibility requirements. These programs are jointly funded by the federal and state governments and are designed by states within the framework of options and requirements established under the Medicaid statutes.

9. Ashton was a widow with four adult children, Terry Ashton, Karen S. Tucker (deceased), Dennis Ashton and Linda Earl.

10. At the time of her death, Ashton was residing in Beadles Nursing Home, in Alva, Oklahoma. She was physically incapable of caring for herself.

11. Plaintiff Ashton applied for Medicaid benefits on or about March 22, 2022 and did not receive a decision from OKDHS regarding her application for eligibility for Medicaid benefits from that time up until her death on December 11, 2022 (more than 275 days after applying for

Medicaid) and has not made a determination to date. (See Ashton's Request for Assessment, Request for Benefits, Eligibility Information for Benefits, and Rights, Responsibilities, and Signature for Benefits, attached hereto as Exhibit 1).

12. OKDHS issued an ADM-92 requesting additional information to which Ashton responded. (See ADM-92 dated 05/25/22 and Response Letter attached hereto as Exhibit 2.)

13. OKDHS issued another ADM-92 on June 9, 2022. Ashton responded to this request July 11, 2022. (See ADM-92 dated 6/30/22 and Response Letter attached hereto as Exhibit 3.)

14. OKDHS requested additional documentation via email on August 12, 2022. Ashton provided the documents on August 22, 2022. (See emails attached hereto as Exhibit 4.)

15. Ashton died on December 11, 2022.

16. OKDHS and OHCA have failed or refused to take any additional action on Plaintiff Ashton's Medicaid application to date.

17. As of the date of her application, Plaintiff Ashton met the financial eligibility requirements for Medicaid; and therefore, was eligible to be a Medicaid beneficiary as of that date.

COUNT I
VIOLATION OF 42 U.S.C. §1396a(a)(8) AS DEFINED BY 42 C.F.R. §435.912

18. Ashton incorporates and restates each of the above paragraphs as if fully set forth herein.

19. Ashton has been eligible and qualifies for Medicaid benefits.

20. Defendants deprived Ashton of her federal statutory rights by failing and refusing to provide Plaintiff with Medicaid benefits with reasonable promptness pursuant to 42 U.S.C. §1396a(a)(8) and as defined by 42 C.F.R. §435.912.

21. Defendants further deprived Ashton of her federal statutory rights by failing and refusing to act on Plaintiff's application for Medicaid benefits within 45 days after the filing of her application as provided in 42 C.F.R. §435.912.

22. Defendants' failures and refusals directly violate 42 U.S.C. §1396a(a)(8) and 42 C.F.R. §435.912.

23. Defendants acted under color of state law when depriving Plaintiff of her federal rights.

24. As a direct and proximate result of the Defendants' violation of the Plaintiff's federal statutory rights, Plaintiff has sustained injuries and damages.

CONCLUSION

WHEREFORE, premises considered, the Plaintiff requests this Court enter an order finding that the Defendants violated Ashton's rights, award her estate damages, costs and attorneys fees, and for any other relief this Court deems just and proper.

Respectfully submitted,



Michael Craig Riffel, OBA #16373

Katresa J. Riffel, OBA #14645

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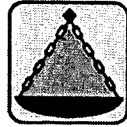
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Woodward, OK 73802-0887
580-254-3447

March 22, 2022

Woodward County DHS
2119 Main Street
Woodward, OK 73801

Re: Dorothy Lee Ashton
Request for Assessment of Resources and Income
Application for Medicaid Benefits

Dear Sir or Madam:

My Firm represents Dorothy Lee Ashton. Ms. Ashton is a widow. She has four children, Terry L. Ashton, Karen S. Tucker, Dennis W. Ashton, and Linda L. Earl.

Ms. Ashton is hereby requesting DHS make an assessment of her resources and income. Additionally, Ms. Ashton is hereby applying for Medicaid benefits. Ms. Ashton's Form 08MP001E (Request for Benefits), Form 08MP002E (Eligibility Information for Benefits) and Form 08MP003E (Rights, Responsibilities and Signature for Benefits) are attached hereto as **Exhibit 1** and incorporated herein by reference.

Ms. Ashton is physically incapable of caring for herself and subsequently entered Beadles Nursing Home in Alva Oklahoma on March 3, 2021. Ms. Aston designated her son, Terry Lynn Ashton as her primary attorney-in-fact and a copy of the Durable Power of Attorney is attached hereto as **Exhibit 2** and incorporated herein by reference.

Ms. Ashton's birth certificate, driver's license, Medicare card, Medicare Supplemental Insurance card, Medicare Prescription card, and Social Security card are attached as **Exhibit 3**, respectively, incorporated herein by reference.

A copy of the Ms. Ashton's 2016 Form 1040 (U.S Individual Income Tax Return) is attached hereto as **Exhibit 4** and incorporated herein by reference. A copy of the Ms. Ashton's



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March 4, 2022
Request for Assessment
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2017 Form 1040 (U.S Individual Income Tax Return) is attached hereto as Exhibit 5 and incorporated herein by reference. A copy of the Ms. Ashton's 2018 Form 1040 (U.S Individual Income Tax Return) is attached hereto as Exhibit 6 and incorporated herein by reference. A copy of the Ms. Ashton's 2019 Form 1040 (U.S Individual Income Tax Return) is attached hereto as Exhibit 7 and incorporated herein by reference. A copy of the Ms. Ashton's 2020 Form 1040 (U.S Individual Income Tax Return) is attached hereto as Exhibit 8 and incorporated herein by reference.

I. INCOME

Ms. Ashton's primary source of income is from the Department of Veterans Affairs. She receives benefits as a survivor of a Veteran. The claim number is [REDACTED]. Her monthly award amount is \$1,624.72. The Summary of Benefits Letter from the Department of Veterans Affairs is attached hereto as Exhibit 9 and incorporated herein by reference.

Ms. Ashton also receives Social Security benefits. Her gross monthly Social Security benefit is \$674.10, of which her monthly Medicare Insurance Premium of \$148.50 is deducted, resulting in net monthly Social Security benefits of \$541.00. Ms. Ashton's latest Social Security benefits statement is attached hereto as Exhibit 10 and incorporated herein by reference. Since her gross monthly income is less than the monthly limit of \$2,382.00, Ms. Ashton is income qualified for Medicaid benefits. (See OAC 317:35-17-11(1)(A)).

Ms. Ashton has a vendor payment of \$2,075.32. Her vendor payment is calculated by taking her total gross income of \$2,298.82 and deducting her Medicare insurance premium of \$148.50 and her personal allowance of \$75.00.

II. RESOURCES

Ms. Ashton currently owns the resources listed below:

A. **REAL ESTATE OTHER THAN HOME**. On March 22, 1982, Ms. Ashton's late husband, Paul Ashton, purchased two burial plots for a total of \$60.00. The plots are in Woods County, Oklahoma, Lot No. 125, Section B Blk 2 Constituting Spaces 5 through 6 in the Waynoka Municipal Cemetery, Waynoka, Oklahoma. The burial lot deed is attached hereto as Exhibit 11 and incorporated herein by reference. These cemetery plots are entirely exempt pursuant to OAC 317:35-5-541.9(b)(10).

B. **MINERALS**. Ms. Ashton inherited the mineral rights to a tract of land beginning at a point 480 feet East of the Northwest corner of the Northeast Quarter (NE/4) of Section Five (5), in Township Twenty-three (23) North, Range Fourteen (14) West of the Indian Meridian, Woods County, Oklahoma. These minerals are currently shut-in but leased with Tapstone Energy. The Division Order is attached hereto as Exhibit 14 and incorporated herein by reference. These mineral rights are valued by multiplying the bonus payment by 1.5. Tapstone paid a yearly bonus of \$355.32 in 2021. The fair market value for these minerals is \$532.98 (355.32 x 1.5). These

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minerals are associated with the home property and as a result they are entirely exempted pursuant to the OAC 317:35-5-41.1(a)(9).

Ms. Ashton inherited the mineral rights to a tract of land located in the Northwest Quarter (NE/4) of the Southeast Quarter (SE/4) of Section Six (6), Township Twenty-three (23) North, Range Fourteen (14) West of the Indian Meridian containing forty (40) acres in Woods County, Oklahoma. These minerals shut-in but leased with Tapstone Energy. The Division Order are attached hereto as **Exhibit 15** and incorporated herein by reference. These mineral rights are valued by multiplying the bonus payment by 1.5. Tapstone paid a yearly bonus of \$20.00 in 2021. The fair market value for these minerals is \$30.00 (20 x 1.5).

Ms. Ashton inherited mineral rights to a tract of land located in the Northeast Quarter (NE/4) of the Northwest Quarter (NW/4) and the Northwest Quarter (NW/4) of the Northeast Quarter (NW/4) of Section Thirty-two (32), Township Twenty-eight (28) North, Range Sixteen (16) West, and containing Eighty (80) acres in Woods County, Oklahoma. These minerals are currently producing and leased with Mach Resources. In 2021, she received a total of \$48.04 in income from Mach Resources. Pursuant to OAC 317:35-5-41(c)(12)(B), up to \$6,000.00 of the minerals are exempted leaving a countable value of \$0.00. The Division Order and payment verification are attached hereto as **Exhibit 16** and incorporated herein by reference.

Ms. Ashton inherited mineral rights to a tract of land located in the East Half (E/2) of the Southwest Quarter (SW/4) and the Southwest Quarter (SW/4) of the Southeast Quarter (SE/4) of Section Twenty-nine (29), Township Twenty-eight (28) North, Range Sixteen (16) West, and containing One-hundred twenty (120) acres. These minerals are currently producing and leased with Mach Resources. In 2021, she received a total of \$66.38 in income from Mach Resources. Pursuant to OAC 317:35-5-41(c)(12)(B), up to \$6,000.00 of the minerals are exempted leaving a countable value of \$0.00. The Division Order and payment verification are attached hereto as **Exhibit 17** and incorporated herein by reference.

C. **BANK ACCOUNTS**. Ms. Ashton currently owns a checking account at Hopeton State Bank. The account number is [REDACTED]. Ms. Ashton's VA Benefits and Social Security Benefits are deposited into this account. The balance as of June 30, 2021 was \$979.17. Monthly bank statements from 2017 to current are attached hereto as **Exhibit 18** and incorporated herein by reference.

Ms. Ashton is also named on the Paul Ashton Trust Account. This is a checking account at the Hopeton State Bank. The account number is [REDACTED]. The balance as of July 9, 2021 was \$1,055.70. Monthly bank statements from 2017 to current are attached hereto as **Exhibit 19** and incorporated herein by reference.

D. **INVESTMENTS**. Ms. Ashton owns stock in the Dacoma Farmers Coop. The account number is [REDACTED]. The Customer Equity total is \$580.76 as of June 16, 2021. The Equity Listing Report is attached hereto as **Exhibit 20** and incorporated herein by reference.

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Ms. Ashton owns Capital Stock in the Farmer's Coop. The Name ID is [REDACTED]. The Patron Equity totals \$146.30. The Account Balance Inquiry is attached hereto as Exhibit 21 and incorporated herein by reference.

E. PREPAID BURIAL. Ms. Ashton has an irrevocable pre-paid burial insurance policy with Farm Bureau Financial Services and Marshall Funeral Home. The policy number is [REDACTED]. The value of this prepaid burial is \$25,550.33. Documentation of the Irrevocable Collateral assignment of the policy is attached hereto as Exhibit 22 and incorporated herein by reference. Pursuant to OAC 317:35-5-41.9(b)(12) the irrevocable prepaid burial is entirely exempted.

F. HOME. Prior to entering the nursing facility, Ms. Ashton was residing in a home located in the North Half of the South Half (N/2 S/2), North Half of the Southeast Quarter (N/2 SE/4) and Northeast Quarter of the Southwest Quarter (NE/4 SW/4) of Section Five (5), Township Twenty-three (23) North, Range Fourteen (14) W.I.M., Woods County, Oklahoma. On January 19, 1985, Ms. Ashton and her predeceased husband, Mr. Paul Wayne Ashton, transferred the home into the Revocable Trust of Dorothy Lee Ashton ("Trust") via Warranty Deed which was filed in the County Clerk's Office of Woods County, Oklahoma on January 30, 1985, in Book 562 at Page 424. (See Warranty Deed attached hereto as Exhibit 23 and incorporated herein by reference.)

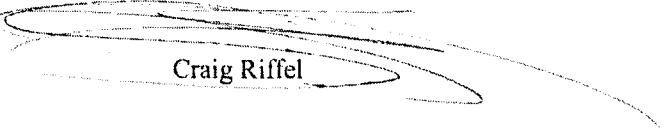
The problem is the Trust does not appear to exist. Neither Ms. Ashton nor any of her children can find a copy of the Trust, signed or unsigned. Pursuant to OAC 317:35-5-41.1(a)(3), the home is not a countable asset for two reasons. First, there is a legal impediment to Ms. Ashton selling the home. In order for her to sell the home, Ms. Ashton must have marketable title. The titling of the home in a Trust which does not appear to exist creates a cloud on title which must be resolved through a quiet title action before she can sell the home. Second, once she has marketable title to the home, it is an illiquid asset which she must sell and convert to cash before it is countable.

III. COMPUTATIONS

Ms. Ashton's countable resources is less than her resources allowance. As a result, Ms. Ashton's Medicaid benefits should be effective as of this date. I tried to provide you all the information and documentation you need to review this case. If you have any questions or concerns, or need anything further, please call, e-mail, or write and I will get the documentation to you immediately. Thank you for your assistance in this matter.

Sincerely,

Riffel Law Firm, P.L.L.C.


Craig Riffel



Request for Benefits



For use with Forms 08MP002E, Eligibility Information for Benefits, and 08MP003E, Rights, Responsibilities, and Signature for Benefits.

Date 3/4/22
 Case name Dorothy Ashton
 Case # _____
 County # _____
 Supervisor # _____ Worker # _____

What You Need to Get Started

Read the following descriptions and check all of the programs for which you would like to apply. Fill out this form or have someone else fill it out for you.

Supplemental Nutrition Assistance Program (SNAP)

☐ Helps buy food. (Formerly known as the Food Stamp Program)

Child Care Subsidy

☐ Helps pay for care for your child so you can work, go to school, or attend training.

Health Care Coverage - SoonerCare (Medicaid)

- ☐ Helps pay for medical costs for people who are elderly or disabled.
- ☒ Helps pay for nursing care in your home (ADvantage) or in a nursing home.
- ☒ Helps pay Medicare Part A and B premiums.
- ☐ State Supplemental Payment (SSP) - gives a small cash payment to low-income people who are disabled, blind, 65 years of age or older, or receive Supplemental Security Income (SSI) or Social Security disability income.
- ☐ Helps pay for medical costs for pregnant women and families with children. You may apply for this program online at www.mysoonercore.org.
- ☐ SoonerPlan helps pay for birth control and family planning services for adults. You may apply for this program online at www.mysoonercore.org.

Temporary Assistance for Needy Families (TANF)

☐ Helps low income families with minor children by providing temporary cash and services.

When You Ask for Help From DHS, You Have a Right To

- file an incomplete application by filling out the contact information below under 'How can we contact you?', signing your name on the signature line, and submitting the information to DHS;
- have SNAP food benefits, TANF, or SSP cash assistance benefits start from the date of application, if eligible;
- have child care benefits start from the date you complete an interview and provide all necessary proof, if eligible;
- receive help from DHS in completing the application or in getting the proof you need to be approved;
- have your application processed timely or receive notice explaining the reason for delay;
- have information you give to DHS kept confidential;
- receive equal treatment regardless of race, color, age, sex, disability, religious creed, political belief, or national origin and to file a civil rights complaint if you think you were discriminated against; and
- ask for a fair hearing, either orally or in writing, if you disagree with any action taken on your case. Any person you choose may represent you at the hearing.

How Can We Contact You?

If you are completing this form for someone else, list contact information for the person who needs benefits.

<u>Cristal</u>	<u>Rangel</u>		
First name	M.I.	Last name	
<u>3517 W. Owen K. Garriott</u>	<u>Enid</u>	<u>OK</u>	<u>73703</u>
Mailing address, street or PO Box	City	State	ZIP code
<u>Suite One</u>			
Street address or directions to your home, if different than mailing address			
<u>(580)234-8447</u>		<u>crangel@westoklaw.com</u>	
Phone number where you can be reached	Apartment or lot number	Email address	

Do you need an interpreter? ☐ Yes ☒ No

If yes, what language do you speak? _____

Read This Information and Sign Below

I give DHS permission to check the information I give on this form to make sure it is true.

I understand the names and Social Security numbers I give will be used to obtain information from other state and federal agencies.

I give DHS permission to share information with other agencies.

_____ Signature	_____ Date
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Schedule My Interview

Please put an X in the table for the days and times you are available for your interview:

Time of day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	X	X	X	X	X
Afternoon	X	X	X	X	X

What You Will Need to Bring to Your Interview

- proof of identity, such as driver license or school identification;
- Social Security number or card for everyone who wants benefits. If you are only applying for child care benefits, Social Security numbers are not required;
- proof of citizenship for everyone who wants benefits;
- proof of legal status for anyone who is not a U.S. citizen and wants benefits;
- proof of income for everyone living with you, such as pay stubs or award letters;
- proof of all resources, such as bank accounts, car titles, or land; and
- proof of your need for child care, such as your work or school schedule, and the name of the place you want to use to care for your child.

What Happens After You Give Us This Form

We will set up your interview. During your interview, we will:

- help you complete the rest of the application and tell you which benefits you may be eligible to receive;
- provide you with a form that shows what proof you must provide before your application can be completed; and
- tell you the processing time frame for your application.

You have the right to refuse to give any or all information. However, if you do not give us the information we need, we may not be able to help you.

Authorized Representative Information**Food Benefits**

Complete the information below if you want to authorize someone to apply for or renew food benefits on your behalf and/or be issued his or her own electronic benefit transfer (EBT) card in order to buy groceries for you. You are responsible for any action taken by your authorized representative on your behalf. We will contact the person below for any additional information.

Name _____ Date of Birth _____ Social Security number _____

Mailing address, street or PO Box _____ City _____ State _____ ZIP code _____

Phone number _____ Relationship to you _____

Do you want this person to apply for or renew food benefits on your behalf? ☐ Yes ☐ No

Do you want this person to be issued an EBT card in order to buy groceries for you? ☐ Yes ☐ No

Child Care Subsidy

Complete the information below if you want to authorize someone to apply for child care on your behalf or be issued his or her own EBT card to record attendance for your child(ren). **This person cannot work at the child care facility you choose.** You are responsible for any action taken by your authorized representative on your behalf.

Name _____ Date of Birth _____ Social Security number _____

Mailing address, street or PO Box _____ City _____ State _____ ZIP code _____

Relationship to you _____ Phone number _____

Do you want this person to apply for or renew child care benefits on your behalf? ☐ Yes ☐ No

Do you want this person to be issued an EBT card in order to record your child's attendance at the child care facility for you? ☐ Yes ☐ No

By signing below, you give permission for the person(s) you listed to act as your authorized representative(s).

Signature _____ Date _____

Tell Us About Everyone Who Lives in the Home Starting With the Adult Head of Household (Applicant)

The head of household is an adult living in the home. When there are children in the home, it is best to choose the children's parent or the adult who has parental control over the children. This person will be the payee/applicant. You must check yes or no in the U.S. citizen block and fill in the Social Security number for each person who wants benefits. If there are more than six persons in your household, attach another sheet of paper showing their information. Providing race and ethnic background information is voluntary and does not affect your eligibility or benefit amount. Reporting this information assures that program benefits are distributed without regard to race, color, or national origin. The U.S. Department of Agriculture (USDA) requires us to answer these questions for you if you do not provide this information.

Person One (Applicant)

Dorothy Ashton _____ 9/22/1932 _____ Single _____ Gender
Self, name of applicant _____ Date of birth _____ Marital status ☐ M ☒ F

U.S. Citizen? ☒ Yes ☐ No _____ Social Security number _____ Alien registration number _____ Hispanic or Latino? ☐ Yes ☒ No

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____
☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White

Name on birth certificate _____ State of birth _____ County of birth _____

Mother's maiden name as listed
on this person's birth certificate:

First name _____

M.I. _____

Last name _____

Person Two

Name _____ Date of birth _____ Marital status _____ Gender ☐ M ☐ F

U.S. Citizen?

☐ Yes ☐ No

Social Security number _____

Alien registration number _____

Hispanic or Latino?

☐ Yes ☐ No

Relationship to head of household _____

Relationship to spouse of head of household _____

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____

☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Name on birth certificate _____

State of birth _____

County of birth _____

Mother's maiden name as listed
on this person's birth certificate:

First name _____

M.I. _____

Last name _____

Person Three

Name _____ Date of birth _____ Marital status _____ Gender ☐ M ☐ F

U.S. Citizen?

☐ Yes ☐ No

Social Security number _____

Alien registration number _____

Hispanic or Latino?

☐ Yes ☐ No

Relationship to head of household _____

Relationship to spouse of head of household _____

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____

☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Name on birth certificate _____

State of birth _____

County of birth _____

Mother's maiden name as listed
on this person's birth certificate:

First name _____

M.I. _____

Last name _____

Person Four

Name _____ Date of birth _____ Marital status _____ Gender ☐ M ☐ F

U.S. Citizen?

☐ Yes ☐ No

Social Security number

Alien registration number

Hispanic or Latino?

☐ Yes ☐ No

Relationship to head of household

Relationship to spouse of head of household

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Name on birth certificate

State of birth

County of birth

Mother's maiden name as listed

on this person's birth certificate:

First name

M.I.

Last name

Person Five

Name

Date of birth

Marital status

Gender

☐ M ☐ F

U.S. Citizen?

☐ Yes ☐ No

Social Security number

Alien registration number

Hispanic or Latino?

☐ Yes ☐ No

Relationship to head of household

Relationship to spouse of head of household

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Name on birth certificate

State of birth

County of birth

Mother's maiden name as listed

on this person's birth certificate:

First name

M.I.

Last name

Person Six

Name

Date of birth

Marital status

Gender

☐ M ☐ F

U.S. Citizen?

☐ Yes ☐ No

Social Security number

Alien registration number

Hispanic or Latino?

☐ Yes ☐ No

Relationship to spouse of head of household

Relationship to head of household

Race - check all that apply:

☐ American Indian or Alaska Native; when checked, tribe: _____☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

Name on birth certificate _____ State of birth _____ County of birth _____

Mother's maiden name as listed

on this person's birth certificate: First name _____ M.I. _____ Last name _____

If You Need Child Care

Are you in danger of losing a job due to a lack of child care? ☐ Yes ☐ No

Have you made payment arrangements with the child care provider until a decision can be made on your child care application? ☐ Yes ☐ No

Are you starting a new job? ☐ Yes ☐ No If yes, starting date _____

Please fill in the name of each parent/caretaker, the reason you need child care, and the days and hours for the reason checked:

Parent/caretaker 1

Parent/caretaker name: _____

Reason:

☐ Work ☐ School ☐ Training ☐ Protective/preventive ☐ TANF Work

☐ Other: _____

Days and hours:

☐ Monday from _____ to _____ ☐ Friday from _____ to _____
☐ Tuesday from _____ to _____ ☐ Saturday from _____ to _____
☐ Wednesday from _____ to _____ ☐ Sunday from _____ to _____
☐ Thursday from _____ to _____

Parent/caretaker 2

Parent/caretaker name: _____

Reason:

☐ Work ☐ School ☐ Training ☐ Protective/preventive ☐ TANF Work

☐ Other: _____

Days and hours:

☐ Monday from _____ to _____ ☐ Friday from _____ to _____
☐ Tuesday from _____ to _____ ☐ Saturday from _____ to _____
☐ Wednesday from _____ to _____ ☐ Sunday from _____ to _____
☐ Thursday from _____ to _____

For Child Care Subsidy, you must complete an interview and provide all necessary proof, including the name of the child care provider you want to use. If determined eligible, the earliest date you can get help with child care is the date you bring all needed information to your local DHS office.

If You Need Food Benefits

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer these questions to see if you can get food benefits within seven calendar days:

How much money did you get or will you get this month from working (total amount before taxes?) \$ _____

How much other money did you get or will you get from all other sources this month including gambling or lottery winnings (total amount)? \$ _____

How much cash do you have? \$ _____

How much money do you have in bank accounts? \$ _____

How much do you pay for your rent, mortgage, or, if homeless, for sleeping accommodations? \$ _____

Do you pay the heating or cooling bill where you live? ☐ Yes ☐ No

Are you a seasonal or migrant farm worker? ☐ Yes ☐ No

Does anyone in your household receive tribal food commodities? ☐ Yes ☐ No

Have you received or do you expect to receive food benefits in another state for this month? If so, which state? ☐ Yes ☐ No _____

Households entitled to a decision within seven calendar days regarding their food benefit application are:

- households with less than \$150 gross monthly income and liquid resources less than \$100;
- households with monthly rent or mortgage and/or utilities which cost more than the combined monthly gross income and liquid resources; and
- destitute migrant or seasonal farm worker households with liquid resources less than \$100.

If this describes your household, please stay for an interview or to get an appointment date and time.

Application Processing Time Limits

Applications must be processed within program specific time frames. The time frames are:

- TANF – 30-calendar days;
- SNAP – 30-calendar days unless you are eligible for expedited services. Expedited services is 7-calendar days;
- Child Care Subsidy – 2-business days from the date the interview is completed and required proof is provided;
- SSP – 30-calendar days for Aid to the Aged and 60-calendar days for Aid to the Blind or Disabled; and
- SoonerCare (Medicaid) for the aged, blind, or disabled – 30-calendar days for Aid to the Aged and 60-calendar days for Aid to the Blind or Disabled.

To Submit Your Application

Please give this form to the receptionist or fax or mail it to your local DHS office. If you do not know your local DHS office address, please visit www.okdhs.org.

Non-Discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The USDA also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information such as Braille, large print, audiotape, or American Sign Language can contact the Agency, State or local, where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed complaint or letter to USDA by mail to: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax to: (202) 690-7442 or, by email to: Program.intake@usda.gov.

For any other information dealing with SNAP issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-G, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

DHS use only:

Is the household eligible for expedited food benefits? ☐ Yes ☐ No

Date received: _____

Date screened: _____

Interview date: _____

Screened by: _____

Interviewed by: _____

Routing

The original is imaged or filed in the case record. Upon request, a copy is given to the client.



Eligibility Information for Benefits



For use with forms:

08MP001E, Request for Benefits; and
08MP003E, Rights, Responsibilities, and
Signatures for Benefits.

Date _____

Case name _____

Case # _____

County # _____

Application Date _____

Supervisor # _____ Worker # _____

The Oklahoma Department of Human Services (DHS) uses the information you report on this form to determine your eligibility for benefits.

Tell Us About You and Everyone Else in the Home

Please fill out the following about yourself (or the person needing services) and for each person living in the home. If there are more than six persons in your household, attach another sheet of paper showing their information.

Ashton

Last name

Dorothy

First name

Middle name

Social Security number

If Native American, what tribe?

Ever received Tribal TANF? ☐ Yes ☒ No

Blind or disabled? ☐ Yes ☒ No

Attending School? ☐ Yes ☒ No

Last grade completed Full or part time

Where attending school?

If child, are immunizations current? ☐ Yes ☒ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☒ None

Last name

First name

Middle name

Social Security number

If Native American, what tribe?

Ever received Tribal TANF? ☐ Yes ☐ No

Blind or disabled? ☐ Yes ☐ No

Attending School? ☐ Yes ☐ No

Last grade completed Full or part time

Where attending school?

If child, are immunizations current? ☐ Yes ☐ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☐ None

Last name _____ First name _____ Middle name _____

Social Security number _____ If Native American, what tribe? _____

Ever received Tribal TANF? ☐ Yes ☐ No Blind or disabled? ☐ Yes ☐ No
 Attending School? ☐ Yes ☐ No

Last grade completed _____ Full or part time _____ Where attending school? _____

If child, are immunizations current? ☐ Yes ☐ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☐ None

Last name _____ First name _____ Middle name _____

Social Security number _____ If Native American, what tribe? _____

Ever received Tribal TANF? ☐ Yes ☐ No Blind or disabled? ☐ Yes ☐ No
 Attending School? ☐ Yes ☐ No

Last grade completed _____ Full or part time _____ Where attending school? _____

If child, are immunizations current? ☐ Yes ☐ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☐ None

Last name _____ First name _____ Middle name _____

Social Security number _____ If Native American, what tribe? _____

Ever received Tribal TANF? ☐ Yes ☐ No Blind or disabled? ☐ Yes ☐ No
 Attending School? ☐ Yes ☐ No

Last grade completed _____ Full or part time _____ Where attending school? _____

If child, are immunizations current? ☐ Yes ☐ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☐ None

Last name _____ First name _____ Middle name _____

Social Security number _____ If Native American, what tribe? _____

Ever received Tribal TANF? ☐ Yes ☐ No

Blind or disabled? ☐ Yes ☐ No

Attending School? ☐ Yes ☐ No

Last grade completed _____ Full or part time _____ Where attending school? _____

If child, are immunizations current? ☐ Yes ☐ No If no, why? _____

Military status, check one:

☐ Active duty military ☐ Former military ☐ National Guard/Military Reserve ☐ None

Additional questions

Have you or anyone in your home lived in any other states in the last 12 months? ☐ Yes ☐ No

If yes, what states? _____

Did anyone receive benefits while there? ☐ Yes ☐ No

If yes, who? _____

What states? _____

Type of benefits: ☐ Cash ☐ Medical ☐ Food ☐ Child Care
☐ Tribal food distribution (commodities) ☐ Other

Date of last benefit: _____ Still receiving? ☐ Yes ☐ No

Do you plan to stay in Oklahoma? ☐ Yes ☐ No

Are you or is anyone living with you a fleeing felon or a probation/parole violator? ☐ Yes ☐ No

Tell Us About Your Household's Income

Income is all the money you and the people living with you get.

Types of earned income include money you get from working for someone else or working for yourself.

Some types of unearned income are:

- adoption subsidy payments
- alimony
- child support
- contributions
- dividends
- foster care
- gambling and lottery winnings
- housing allotment
- interest
- military allotments
- mineral rights income
- oil and gas lease income
- pension
- personal loans
- rental income
- Social Security
- Supplemental Security Income (SSI)
- State Supplemental Payment (SSP)
- student income
- Temporary Assistance for Needy Families (TANF) or tribal TANF
- tribal income
- unemployment benefits
- utility allowance
- Veterans Affairs (VA) benefits
- Workers' Compensation

Do you or anyone living with you have any income? ☐ Yes ☐ No

When yes, fill out the information below. Attach additional sheets if needed.

Name of person getting income	Type of income	How often received?
	Are tips received?	
Amount before taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?

Employer	Area code	Employer phone number
Employer address		

Self-employment gross income last year	Self-employment business expenses
--	-----------------------------------

Name of person getting income	Type of income	How often received?
	Are tips received?	
Amount before taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?

Employer	Area code	Employer phone number
Employer address		

Self-employment gross income last year	Self-employment business expenses
--	-----------------------------------

Name of person getting income	Type of income	How often received?
	Are tips received?	
Amount before taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?

Employer	Area code	Employer phone number
Employer address		

Self-employment gross income last year	Self-employment business expenses
--	-----------------------------------

Terminated income. When any earned or unearned income stopped in the last 60 calendar days, fill out the information below.

Name of person with terminated income	Source, such as employer name, SSI, or child support	Final amount	Date received

Tell Us About Your Bills and Expenses

Child care expense

How much do you pay each month for child care? _____

Adult day care expense

How much do you pay each month for day care for an elderly or disabled person who lives with you? _____

Medical expense

Tell us the medical costs not paid by insurance for everyone who is disabled or 60 years of age and older. These costs could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical services.

Name	Type of Expense	Monthly Expense

Child support expense

Does anyone in your household PAY court ordered child support? ☐ Yes ☐ No

If yes, please fill out the information below:

Who pays support? _____ How much? _____ How often? _____

Who gets support? _____ Phone number of person receiving support _____

Housing expense

Check the box that shows how you pay for housing:

☐ Rent ☐ Own or buying ☐ Does not pay for housing ☐ Other

When you pay for housing, fill out the following:

Rent or mortgage amount _____	Taxes, when paid separately from mortgage _____	Insurance, when paid separately from mortgage _____
-------------------------------	---	---

Whom do you pay for your housing? (name, address, and phone number) _____

When you or anyone in your household receive a housing allowance or help from someone else, fill out the information below:

Who helps you? _____ Who do they pay? _____ How much? _____

If you consider yourself **homeless**, do you have any shelter costs associated with being homeless such as living in a car and having a car payment, giving a friend money to sleep in their home, paying camping fees, or hotel/motel charges?

☐ Yes ☐ No

If so, how much do you spend for these expenses? _____

Utility expense

Check the box for each expense you have:

☐ Phone ☐ Electric ☐ Garbage/water ☐ Wood ☐ Gas/butane/propane

Total amount: _____

When you or anyone in your household receive a utility allowance or help from someone else, fill out the information below:

Who helps you? _____ Who do they pay? _____ How much? _____

Enter utility account information if your heating or cooling cost is not included in your rent:

Natural gas

Company name _____ Account number _____

Account name, as shown on your bill _____ When the account is not in your name, explain why _____

Address where the gas or electric meter is located _____ City _____ State Oklahoma ZIP code _____

Electric

Company name _____ Account number _____

Account name, as shown on your bill _____ When the account is not in your name, explain why _____

Address where the gas or electric meter is located _____ City _____ State Oklahoma ZIP code _____

Other expenses

Check the box for each expense you have:

☐ Cable ☐ Car/truck payment/transportation
☐ Credit card payment(s) ☐ Insurance premium(s)
☐ Other expenses ☐ Non-food items, such as toiletries or laundry soap

Total amount: _____

Income and expenses comparison

Average monthly income: _____

Average monthly expenses: _____

When income is less than expenses, explain below how you are paying your bills:

Tell Us About Your Resources

A resource is anything anyone owns, owns jointly with someone else, or is buying that can be sold, traded, or changed into cash. Do not report personal property, such as jewelry, furniture, household appliances, or clothing. Check the boxes for the resources you have.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Checking accounts | <input type="checkbox"/> Savings accounts | <input type="checkbox"/> Stocks/bonds |
| <input type="checkbox"/> Prepaid burial policies | <input type="checkbox"/> Life insurance | <input type="checkbox"/> Trust funds |
| <input type="checkbox"/> Individual retirement account (IRA) | <input type="checkbox"/> Mineral rights | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Property other than your home | <input type="checkbox"/> Certificate of deposit (CD) | <input type="checkbox"/> Land |
| <input type="checkbox"/> Cash/DHS issued debit card account balance | | |
| <input type="checkbox"/> Other: _____ | | |

List all cars, trucks, boats, vans, campers, motorcycles, or other vehicles owned by household members.

Make	Model	Year	Loan Balance

Is there anyone in your household whose name is listed on any other person's checking or savings account, car title, property deed, or any other resource? ☐ Yes ☐ No

If yes, explain below:

Has anyone sold, traded, deeded, or given away any resources within the last 60 months?

☐ Yes ☐ No

If yes, explain below:

What was sold, traded, or given away?	When?	How much did you get?

Tell Us About Your Need for the Following Programs

Read these statements and answer these questions if you are applying for Supplemental Nutrition Assistance Program (SNAP) food benefits.

You must choose a person to be the head of household or the worker will choose a person for you. If the person you choose for head of household voluntarily quits a job, your entire household could lose food benefits. It is best to choose one of the following to ensure the entire household will not be disqualified from SNAP food benefits for a period of time:

- adult parent of a child(ren) under 18 years of age;
- an adult with parental control or responsibility for the care of a child(ren) under 18 years of age;
- a person who is employed for a minimum of 30 hours per week; or
- a person who is receiving or has applied for unemployment benefits.

Who do you want to choose as head of household? _____

Does everyone in your home buy and prepare food together? ☐ Yes ☐ No

Is any household member on strike? ☐ Yes ☐ No

If yes, who? _____

Read these statements and answer these questions when you are applying for TANF:

Each child for whom TANF is requested must be deprived of the support of at least one parent as a result of death, incapacity/disability, unemployment, or absence.

Please answer the questions below.

Are you requesting TANF for any child(ren) under 19 years of age? ☐ Yes ☐ No

When yes, complete below.

Is any child deprived of support due to the absence of a parent? ☐ Yes ☐ No

If yes, complete below.

Absent parent's name

Street address

City

State

Zip

Child(ren)'s name for this absent parent

Is any child deprived of support due to incapacity or disability of a parent? ☐ Yes ☐ No

Incapacitated/disabled parent's name

Child(ren)'s name

Is any child deprived of support due to the death of a parent? ☐ Yes ☐ No

Deceased parent's name

Social Security number

Date of death

Child(ren)'s name

Is any child deprived of support due to the unemployment of a parent? ☐ Yes ☐ No

Unemployed parent's name

Child(ren)'s name

Read these statements and answer these questions if you are applying for SoonerCare (Medicaid) benefits:

Is anyone in your household pregnant?

☐ Yes ☐ No

If yes, who and what is the expected date of delivery? _____

Do you plan to give the baby up for adoption?

☐ Yes ☐ No

The Supplemental Security Income - Disabled Children's Program (SSI-DCP) provides special services and equipment for children who receive SSI.

Do you want these services?

☐ Yes ☐ No

Persons under 21 years of age who are approved for SoonerCare (Medicaid) benefits are eligible for comprehensive health services, including physical, dental, vision, and hearing examinations through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Eligible members of your household will receive EPSDT services unless you **DO NOT** want these services. List the names of household members who DO NOT want EPSDT services.

Name	Name

Read these statements and answer these questions if you need help paying for child care:

Does your household have resources over \$1,000,000?

☐ Yes ☐ No

List the names below of all child(ren) for whom you are requesting child care benefits. Under **Alternative care**, list the name of anyone, such as a friend or relative, or any place, such as school or Head Start, who is willing and able to provide child care. Write **none** when no other care is available. List the days and hours each child receives alternative care while you are working or in school or training.

Child's name	Alternative care	Days	Hours

Is any child in Tribal or DHS custody?

☐ Yes ☐ No

If yes, who? _____

Does any child have special needs?

☐ Yes ☐ No

If yes, who? _____

Name of child care provider I want to use _____

For which child(ren)? _____

Located at _____

Area code _____

Phone number _____

Name of 2nd child care provider I want to use (when needed) _____ For which child(ren)? _____

Located at _____ Area code _____ Phone number _____

How long does it take you to get to work or school after dropping your child(ren) off at child care? _____

Does anyone help you pay child care costs? ☐ Yes ☐ No

If yes, who? _____

How much does he or she pay monthly? _____

Is the money given to you or the child care provider? _____

In case of emergency, who can provide child care when planned care is not available? _____

Back up person	Area code	Phone number

Tell Us About Other Needed Services

Response to these questions is voluntary. All information provided is confidential.

Are you or any member of your family currently involved in an abusive situation? ☐ Yes ☐ No

Do you want help getting away from an abusive situation? ☐ Yes ☐ No

Do you want information about preventing child abuse? ☐ Yes ☐ No

Does anyone want information or need help in the following areas?

- | | |
|--|---|
| <input type="checkbox"/> Birth control information or family planning? | <input type="checkbox"/> Choosing quality child care? |
| <input type="checkbox"/> Counseling or treatment? | <input type="checkbox"/> Developmental screenings for children? |
| <input type="checkbox"/> Drug or alcohol abuse? | <input type="checkbox"/> Finding a doctor? |
| <input type="checkbox"/> Finding employment? | <input type="checkbox"/> Finding housing? |
| <input type="checkbox"/> Gambling addiction? | <input type="checkbox"/> Quitting tobacco? |
| <input type="checkbox"/> Referral for food? | <input type="checkbox"/> Serious or ongoing health problems? |
| <input type="checkbox"/> Other services? | |

Tell Us About Your Medical Insurance

Is anyone covered by medical insurance? TRICARE, Champus, and VA Aid and Attendance are considered insurance. ☐ Yes ☐ No

Has anyone been in an accident in the last 12 months? ☐ Yes ☐ No

When yes, has legal action been taken or planned? ☐ Yes ☐ No

Routing

The original is imaged and filed in the case record. Upon request, a copy is given to the client.



Rights, Responsibilities, and Signature for Benefits
For use with Forms 08MP001E, Request for Benefits,
and 08MP002E, Eligibility Information for Benefits.



Date _____

Case name _____

Case # _____

County # _____

Case name _____

Supervisor # _____ Worker # _____

General Rights for All Programs

You have the right to:

- apply for benefits at any time;
- have benefits start from the date of application for Supplemental Nutrition Assistance Program (SNAP) food benefits, Temporary Assistance for Needy Families (TANF), or State Supplemental Payment (SSP) cash assistance, when eligible;
- have child care benefits start from the date you complete an interview and provide all necessary proof, if eligible;
- receive help from the Oklahoma Department of Human Services (DHS) in completing the application or in getting the required proof needed to determine my eligibility for benefits;
- have my application processed timely or receive notice explaining the reason for delay;
- have your information you give to DHS kept confidential;
- receive equal treatment regardless of my race, color, age, sex, disability, religion, political belief, or national origin; and
- ask for a fair hearing, either orally or in writing, if I disagree with any action taken on my case. Any person I choose may represent me at the hearing.

General Responsibilities for All Programs

I agree to:

- let DHS give information about me to other government agencies or private organizations to get help for me;
- let DHS make any necessary investigation or request to verify the information I give;
- provide the documents necessary to establish my eligibility;
- notify the local DHS office of changes in income or assets, such as vehicles, bank accounts, and property, people moving into or out of my household, address, shelter and utility costs, need for child care, or the child care provider I am using; and
- cooperate with the Office of Inspector General and/or the SNAP Quality Control Unit when asked to do so to determine my initial and continuing eligibility for benefits or in the audit or investigation of any child care facility my child attends.

I understand:

- DHS has the right to deny my application if I give false information in order to get benefits;
- criminal charges can be filed against anyone who knows they are giving false information to

get benefits from DHS.

- DHS uses the Social Security numbers (SSNs) of persons included in the benefits to match income data from other government agencies, such as the Social Security Administration, Internal Revenue Service, Oklahoma Employment Security Commission, and data brokers to help determine my eligibility for assistance;
- I am certifying under penalty of perjury that every person in my household for whom I am applying for benefits is a United States citizen or an alien in lawful immigration status. I understand I must advise DHS of the immigration status of any person applying for benefits even if that person is not in lawful immigration status and is applying only for emergency medical services;
- if DHS approves my household for benefits and it is later determined that I made a false claim of U.S. citizenship or lawful immigration status for anyone in my household, DHS files a complaint with the U.S. Attorney, and I may be subject to criminal prosecution;
- information provided on this application is verified by federal, state, and local officials and information obtained through these sources could affect my eligibility and benefits; and
- I will be responsible to repay any established overpayment; and
- I understand that I may not use my cash benefit card at any liquor store, gambling casino or gaming establishment, or retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an un-clothed state or whose principal business is that of selling cigarettes, cigar, or tobacco products.

Child Support Responsibilities

- DHS Child Support Services (CSS) uses the mailing address you provide as your public mailing address. Legal and other official papers will be sent to this address. Let DHS know if you do not want your mailing address used because of family violence.
- I agree to tell CSS when my phone number or address changes.
- I agree to help DHS establish and collect child support for all programs, except food benefits, unless DHS determines I have good cause to not cooperate.
- I understand all child support payments must be made through the Oklahoma Centralized Support Registry at PO Box 268849, Oklahoma City, Oklahoma 73126-8849.
- I agree to send CSS copies of court orders that establish paternity, grant a divorce or custody, or sets child support.

Read these Statements if You are Applying for Food Benefits

There are penalties for:

- hiding information or making false statements;
- using food benefits to buy alcohol or tobacco; and
- trading or selling food benefits or Access Oklahoma cards.

For most situations, the penalties are loss of or reduction of benefits for:

- one year for the first offense;
- two years for the second offense; and
- permanently for the third offense.

The penalties for trading food benefits for controlled substances are loss of benefits for:

- two years for the first offense; and
- permanently for the second offense.

The penalty for trading food benefits for firearms, ammunition, explosives, or for trafficking food benefits of \$500 or more is permanent loss of food benefits for the first offense. You may also:

- be fined up to \$250,000;
- receive a prison sentence of up to 20 years;
- receive a fine and prison sentence; and
- be prosecuted under other federal laws.

I understand:

- the penalty warnings stated on this form;
- I am registering myself and/or any other household members between 16 and 59 years of age for work unless I or other household members meet exemptions criteria. Check No if you do not agree with this statement: ☐ No
I understand if I check No, required work registrants in my household will not be included in food benefits.
- if I and/or another household member agree to meet work-related requirements and then fail to comply, this may result in my or the other household member's ineligibility for a specified period of time depending on the number of infractions;
- if I fail to report my expenses on the application or fail to verify reported expenses when asked to do so, DHS will not deduct the expenses when calculating my food benefits. This may reduce my food benefit amount;
- food benefits are prorated from the date of application; and
- providing requested information, including the SSN of each household member, is voluntary; however, failure to provide this information will result in the denial of food benefits to my household.

The Food and Nutrition Act of 2008, as amended, Sections 2011 - 2036 of Title 7 of the United States Code, authorizes DHS to collect the information requested on this application, including the SSN of each household member. I understand DHS will use this information to determine if my household is eligible or continues to be eligible to participate in SNAP. DHS verifies the information through computer matching programs and uses the information to monitor compliance with program regulations and program management.

DHS may disclose the information to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If there is a food benefit overpayment, the information on this application including SSNs may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

Read these Statements if You are Applying for Temporary Assistance for Needy Families (TANF)

If you receive TANF, you must:

- show proof that every child from kindergarten through 18 years of age attends school regularly;
- show proof that all children have current immunizations, unless you have a good reason for not being current;
- cooperate in identifying absent parent(s), establishing paternity, and establishing court order(s) when required, unless you have a good reason for not cooperating;
- participate in TANF work activities;
- cooperate with and complete the mandatory drug screening process when you are an adult parent or a relative caretaker who wants to be included in the TANF cash benefits;
- assign current and future child, spousal, and medical support to DHS. DHS will return child

- support payments it receives to you after your TANF benefit ends;
- assign current and future child, spousal, and medical support to DHS. DHS will no longer keep child support payments it receives after your TANF benefit ends; and
- cooperate with CSS staff to try and get child support.

I understand if I fail to comply with any of the following TANF program requirements, DHS may reduce my TANF payment by 25 percent for each program violation. TANF program requirements are:

- providing or applying for a SSN for each household member;
- maintaining regular school attendance for all household members from kindergarten through 18 years of age;
- providing proof of current immunizations for all children in the household unless good cause has been determined; and
- cooperating in identifying absent parent(s), establishing paternity, and establishing court order(s) unless good cause was determined.

I understand there is a 60 month time-limit for receipt of TANF for families that include an adult.

Assignment.

- If approved for TANF benefits, I assign all my right, title, and interest to all child, spousal, and medical support (accrued, pending, and continuing) to DHS. I understand this assignment includes all support payments or medical benefits. I authorize DHS to endorse and negotiate any checks received in my name as and for support to which DHS has an interest pursuant to this agreement. Check No if you do not agree with this statement: ☐ No
- I understand if I check no, the TANF payment will be denied or terminated.
- I understand the assignment is subject to the terms and conditions of Section 402(a)(26) of Title IV of the Social Security Act as amended. **This assignment is effective on the date I am certified to receive assistance.** This assignment ends for:
 - current support rights when my TANF cash assistance stops; and
 - support rights attributed to periods during which cash assistance was granted upon the repayment of past due public assistance and care.

Read these Statements if You are Applying for Medical Benefits

I understand the Oklahoma Health Care Authority (OHCA) has the right to make payments from SoonerCare (Medicaid) directly to doctors or other medical providers for health services I receive while on assistance.

I do hereby transfer, assign, and authorize payment to OHCA all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for me and my dependents. Check No if you do not agree with this statement: ☐ No

I understand if I check no, my medical application will be denied.

Read these Statements if You are Applying for Child Care Subsidy

I understand I must:

- choose a child care provider that has a valid contract with DHS;
- not choose a one star child care center;
- not choose a child care home for which I work;
- swipe my electronic benefit transfer (EBT) card every day my child attends child care;

- never swipe attendance for hours outside my DHS approved schedule;
- never swipe attendance for any days or times my child does not attend child care;
- never give my EBT card or personal identification number (PIN) to anyone, including my child care provider;
- contact my worker if I receive a "denied" or "pending" message on the point of service (POS) machine;
- pay my family share copayment directly to my provider when I owe a copayment;
- pay for child care DHS will not pay because:
 - I did not swipe my EBT card for the correct days and times my child attended child care;
 - swipes were denied and I did not get them corrected within 10 calendar days; or
 - my provider loses the absent days payment because I did not swipe correct attendance for every day my child attended that month;
- report changes in need for child care;
- report if my child no longer attends child care; and
- report when I change child care providers.

Voter Registration Information

Name _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ YES ☐ NO

If you do not check either box, you will be considered to have decided not to register to vote at this time. DHS staff will give or mail you the Oklahoma Voter Registration Application.

1. Applying or declining to apply to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you want help filling out the voter registration application form, we will help you. The decision to seek help is yours. You may fill out the form here in private or you may take it with you to fill out later.
3. If you decline to apply to register to vote, the fact that you have declined will remain confidential and will be used only for voter registration purposes.
4. If you apply to register to vote, the location at which you submit your application form will remain confidential and will be used only for voter registration purposes.
5. If you do not check a box on this form and/or refuse to sign this form, you will be given a copy of the voter registration application form to take with you when you leave today.
6. If you believe that someone has interfered with your right to register or to decline to register to vote, with your right to privacy in deciding whether to register or in applying to register, or with your right to choose your own political party or other political preference, you may make a complaint to the Oklahoma State Election Board. **Mailing Address:** Oklahoma State Election Board, PO Box 53156, Oklahoma City, OK 73152; **E-mail address:** info@elections.ok.gov; **Telephone:** (405) 521-2391.
7. If you fill out the application form here today, we will accept it and submit it to election officials for you. If you take the form with you to fill out later, you can return it here. We will accept and submit it for you, or you can mail it to the State Election Board yourself.

Signature for All Programs

My signature on this application/renewal:

- may be used on any other forms required to complete this application/renewal for benefits.
- authorizes the use of my (our) SSN(s) for any program I applied for including child support services.
- authorizes the release of any necessary information, documents, or forms to DHS from individuals, businesses, schools, banking institutions, data brokers, public or private organizations, state agencies, including personal and/or business income tax returns from the Oklahoma Tax Commission, or federal agencies to determine my eligibility for assistance or to determine the accuracy of any payments to vendors on my behalf.

I declare under penalty of perjury that all of the information I give to DHS to complete this application is true and correct and that I agree to all the rights and responsibilities shown.

☐ Applicant signature (name as shown on Social Security card)

Date

☐ or person applying for applicant

Spouse signature when applying for TANF, when applicable

Complete when an applicant **cannot read or write, is blind, or signs by mark.**

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

Witness:

Signature

Date

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture (USDA) also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information such as Braille, large print, audiotape, American Sign Language, can contact the Agency, State or local, where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410
- **fax:** (202) 690-7442 or
- **email:** program.intake@usda.gov.

For any other information dealing with SNAP issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

DHS Routing Information:

DHS staff images and files the signed form in the case record and gives a copy to the client upon request.

Oklahoma Human Services
Payne County 60C
Payne County
711 E Krayler
Stillwater, OK 74075



DOROTHY ASHTON
SUITE ONE
3517 W OWEN K GARRIO
ENID, OK 73703-0000

Date: 5/25/22
Case name: DOROTHY ASHTON
Case number: J146901
County number: 60C
Supervisor/worker number: 34 / 57

Contact and Information Request

You must respond to the items checked below before a decision can be made regarding your eligibility for benefits. For initial child care applications, the earliest date child care benefits start is the date you are interviewed and provide all checked items of proof. For all other programs, benefits may be approved back to your request date when you meet certain eligibility requirements.

☐ Before OKDHS determines if you are eligible or continue to be eligible for benefits, you must be interviewed on at

☐ in our office ☐ in your home ☐ by telephone, at .

Contact your worker if you cannot keep this appointment or want your worker to call you at a different telephone number.

☒ Complete, sign, and return attached Form **PS1 & FSS1B**.

☒ Provide PROOF of item(s) checked on the back of this form.

☐ Contact your worker regarding _____.

☐ Contact your worker to establish good cause for failure or refusal to participate in Temporary Assistance for Needy Families (TANF) Work activities.

☐ Because you were eligible for expedited food benefits, OKDHS postponed asking you for certain proof. Before receiving more food benefits, you must now provide proof of items checked on the back of this form.

☐ Because you were eligible for expedited child care benefits, OKDHS postponed asking you for certain proof. Before receiving more child care benefits, you must now provide proof of items checked on the back of this form.

If the action(s) checked above is not met on or before **06/06/2022** your **MEDICAID/NURSING HOME** will be denied effective **03/23/2022**.

CARRIE COLCLAZIER

Worker email address and/or name

AFS.D10V@OKDHS.ORG

Days in office

(405) 982-1572

Telephone number

(405) 707-3790

FAX number

Form 08AD092E (ADM-92) revised 09/01/2021 may continue on next page, page 1 of 3



Items of Proof Needed

Provide proof of items checked by uploading them directly into your case record and choosing "Fast Pass Verification Upload," logging in, choosing the "Upload Verification" option, and uploading one document or page at a time or mailing or bringing proof to the address shown at the top of the first page of this form.

Originals are not returned. Your worker is responsible for helping you obtain proof of the items checked. Use the worker contact information provided on this form if you need help.

☒ **Other.** SEE ATTACHED DOCUMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:

http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Dorothy Ashton J146901

1. Forms 08MP001E (Request for Benefits) and 08MP003E (Rights, Responsibilities and Signature for Benefits) are not signed.
2. List of documents in all safety deposit boxes.
3. Rental income on tax returns
4. Sale of property EDPA Harrow 09/09/16 per 2016 taxes (Exhibit 4)
5. 2 fmv of home property & equity
6. Paul Ashton Trust No. 1 is listed on taxes. Please provide a copy, including a complete list of all assets and FMV.
7. VA income amount provided was from 2020. Amount for March 2022 per VA hotline is \$1742.94 (Exhibit 9)
8. Social Security income provided was 2021 amount. (Exhibit 10)
9. Mineral rights NE/4 S5 T23N R14W of the Indian Meridian, Woods County leased by Tapstone Energy. Did not specify how many net mineral acres. (Exhibit 14). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
10. Mineral rights NE/4 SE/4 S6 T23N R14W of the Indian Meridian containing 40 acres in Woods County leased by Tapstone Energy (Exhibit 15). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
11. Mineral rights NE/4 NW/4 & NW/4 NE/4 S32 T28N R16W, containing 80 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 16). Please provide a copy of the 2021 1099.
12. Mineral rights E/2 SW/4 SW/4 SE/4 S29 T28N R16W containing 120 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 17). Please provide a copy of the 2021 1099.
13. Balances for bank accounts provided in letter from law office are from June 30, 2021.
14. Dacoma Farmers Coop stocks value was provided for June 16, 2021. (Exhibit 20)
15. Warranty deed for home property (Exhibit 23) was not provided. Please provide copy.
16. Exhibits 12 and 13 were not provided. Please provide copy.
17. Oktaxrolls.com show 2 properties in the names of Dorothy L & Paul W Ashton Trust
 - a. 40950 Aline Blacktop Rd, Aline, OK
 - i. NW, N/2SE, NESW, 5-23-14 DR 562/424 277.00 Acres
 - b. NE LESS TR, 5-23-14 562/424 PAUL W. & DOROTHY LEE ASHTON, TRUSTEES 100C/O D.VETERAN 147.00 Acres
18. Purchase of a tractor. Is there a farming/gardening business?
19. For these bank account activities, please explain: For debits/payments, provide verification of what they are for; For deposits, provide information related to where the funds came from, and provide supporting documentation as necessary.
 - a. Checking # [REDACTED]
 - i. 01/27/21 deposit \$600.00
 - ii. 05/12/21 check # 243 for \$5825.00
 - iii. 04/30/21 check # 239 for \$424.00

Dorothy Ashton J146901

- iv. 06/07/21 e-commerce xfer checking xxxx662 for \$2000 note says for nh bill
 - v. 05/25/21 rent on safety deposit box 74
 - vi. 12/11/19 check # 10151 for \$300.00 to Dennis Ashton
 - vii. 01/02/20 check # 10155 for \$318.00 to American National note says for 2011 Acadia
 - viii. 07/08/20 withdrawal \$1000
 - ix. 07/03/20 check # 10189 for \$1950.00 to American National note says for farm
 - x. Multiple monthly deposits from Justin Ashton with note payment
 - xi. 08/14/19 check # 10111 for \$900.00 to Britt Wilkinson note says Terry's mailbox
 - xii. 12/06/19 withdrawal \$1450.00 with note Christmas
 - xiii. 03/08/18 deposit for \$2424.00 notes Sundance Wind Peacock LLC
 - xiv. 04/02/18 deposit for \$4000.00 notes Devon Ashton
 - xv. 06/06/18 deposit for \$2000.00 says from trust account
 - xvi. 03/03/17 transfer for \$5000.00 to trust account
 - xvii. 04/91/17 transfer into account for \$2000.00
 - xviii. 04/30/17 check # 9817 to Terry Ashton note says farm
 - xix. 05/28/17 check # 9840 for \$554.38 to Terry Ashton note says farm
 - xx. Monthly deposits of \$25.00 noted as Michael Earl
 - xxi. Statements are missing for the months of September through December 2021 and January through March 2022.
- b. Checking # [REDACTED]
- i. 12/11/18 check # to Mandy Dow for \$500. Was this a gift or a loan? Was repayment made if it was a loan?

Dorothy Ashton J146901 – ADM92 Due June 6, 2022

1. Forms 08MP001E (Request for Benefits) and 08MP003E (Rights, Responsibilities and Signature for Benefits) are not signed.
 - Exhibit A and B
2. List of documents in all safety deposit boxes.
 - Safety deposit is closed.
3. Rental income on tax returns
 - Terry Ashton paid rent for pasture.
4. Sale of property EDPA Harrow 09/09/16 per 2016 taxes (Exhibit 4)
 - Property sold to unrelated third party. It is not within the 5 years look back period.
5. 2 fmv of home property & equity
 - I requested this; auctioneer has not completed. Will send as soon as I receive it.
6. Paul Ashton Trust No. 1 is listed on taxes. Please provide a copy, including a complete list of all assets and FMV.
 - Client does not have a signed copy of the Paul Ashton Trust; therefore, I cannot submit one.
7. VA income amount provided was from 2020. Amount for March 2022 per VA hotline is \$1742.94 (Exhibit 9)
8. Social Security income provided was 2021 amount. (Exhibit 10)
 - Exhibit C
9. Mineral rights NE/4 S5 123N R14W of the Indian Meridian, Woods County leased by Tapstone Energy. Did not specify how many net mineral acres. (Exhibit 14). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
 - Exhibit D
10. Mineral rights NE/4 SE/4 S6 T23N R14W of the Indian Meridian containing 40 acres in Woods County leased by Tapstone Energy (Exhibit 15). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to

Dorothy Ashton J146901 – ADM92 Due June 6, 2022

shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.

- Exhibit E
11. Mineral rights NE/4 NW/4 & NW/4 NE/4 S32 T28N R16W, containing 80 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 16). Please provide a copy of the 2021 1099.
- Exhibit F
12. Mineral rights E/2 SW/4 SW/4 SE/4 S29 128N R16W containing 120 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 17). Please provide a copy of the 2021 1099.
- Exhibit F
13. Balances for bank accounts provided in letter from law office are from June 30, 2021.
14. Dacoma Farmers Coop stocks value was provided for June 16, 2021. (Exhibit 20)
- Requested, still waiting for current value.
15. Warranty deed for home property (Exhibit 23) was not provided. Please provide copy.
- Exhibit G
16. Exhibits 12 and 13 were not provided. Please provide copy.
- There is no 12 and 13.
17. Oktaxrolls.com show 2 properties in the names of Dorothy L & Paul W Ashton Trust
- a. 40950 Aline Blacktop Rd, Aline, OK
 - i. NW, N/2SE, NESW, 5-23-14 DR 562/424 277.00 Acres
 - b. NE LESS TR,5-23-14 562/424 PAUL W. & DOROTHY LEE ASHTON, TRUSTEES 100C/0 D. VETERAN 147.00 Acres
18. Purchase of a tractor. Is there a farming/gardening business?
- She has not purchased nor sold a tractor within the 5 years look back.
19. For these bank account activities, please explain: For debits/payments, provide verification of what they are for; For deposits, provide information related to where the funds came from, and provide supporting documentation as necessary.
- a. Checking # [REDACTED]
 - ii. 01/27/21 deposit \$600.00

Dorothy Ashton J146901 – ADM92 Due June 6, 2022

- U.S. Treasury (Economic Impact Payment)
- iii. 05/12/21 check # 243 for \$5825.00
 - Beadles Nursing Home – Dorothy Bill
- iv. 04/30/21 check # 239 for \$424.00
 - Newton Eye Clinic – Office Visit and Lenses
- v. 06/07/21 e-commerce xfer checking xxxx662 for \$2000 note says for nh bill
 - Money transferred to pay Nursing Home Bill.
- vi. 05/25/21 rent on safety deposit box 74
 - Rent on her safety deposit box, now closed
- vii. 12/11/19 check # 10151 for \$300.00 to Dennis Ashton
 - Dorothy paid for Dennis' plane ticket so he can come visit her. Dennis is her grandson.
- viii. 01/02/20 check # 10155 for \$318.00 to American National note says for 2011 Acadia
 - Payment on car insurance.
- ix. 07/08/20 withdrawal \$1000
 - Does not remember.
- x. 07/03/20 check # 10189 for \$1950.00 to American National note says for farm
 - Payment on farm liability insurance
- xi. Multiple monthly deposits from Justin Ashton with note payment
 - Justin borrowed funds from Dorothy. Justin was paying her back.
- xii. 08/14/19 check # 10111 for \$900.00 to Britt Wilkinson note says Terry's mailbox

Dorothy Ashton J146901 – ADM92 Due June 6, 2022

- Dorothy paid for Terry's mailbox to be fixed because she ran into it.
- xiii. 12/06/19 withdrawal \$1450.00 with note Christmas
 - Christmas.
- xiv. 03/08/18 deposit for \$2424.00 notes Sundance Wind Peacock LLC
 - Lease. Lease has been cancelled.
- xv. 04/02/18 deposit for \$4000.00 notes Devon Ashton
 - Devon borrowed money from Dorothy. He paid her back.
- xvi. 06/06/18 deposit for \$2000.00 says from trust account
 - Transferred funds.
- xvii. 03/03/17 transfer for \$5000.00 to trust account
 - Transferred funds.
- xviii. 04/91/17 transfer into account for \$2000.00
 - Transferred funds.
- xix. 04/30/17 check # 9817 to Terry Ashton note says farm
 - Farm Expense.
- xx. 05/28/17 check # 9840 for \$554.38 to Terry Ashton note says farm\
 - Reimburse Terry for irrigation repair and supplies
- xxi. Monthly deposits of \$25.00 noted as Michael Earl

Dorothy Ashton J146901 – ADM92 Due June 6, 2022

- Mike and Linda sent \$25.00 each month to help pay for Dorothy's security system
- xxii. Statements are missing for the months of September through December 2021 and January through March 2022.
- Exhibit H and Exhibit H (2)
- b. Checking # [REDACTED]
- i. 2/11/18 check # to Mandy Dow for \$500. Was this a gift or a loan? Was repayment made if it was a loan?
- This is not Dorothy Acct. Don't know who Mandy Dow is.

Oklahoma Human Services
Payne County 60C
Payne County
711 E Krayler
Stillwater, OK 74075



DOROTHY ASHTON
SUITE ONE
3517 W OWEN K GARRIO
ENID, OK 73703-0000

Date: 6/9/22
Case name: DOROTHY ASHTON
Case number: J146901
County number: 60C
Supervisor/worker number: 34 / 57

Contact and Information Request

You must respond to the items checked below before a decision can be made regarding your eligibility for benefits. For initial child care applications, the earliest date child care benefits start is the date you are interviewed and provide all checked items of proof. For all other programs, benefits may be approved back to your request date when you meet certain eligibility requirements.

- ☐ Before OKDHS determines if you are eligible or continue to be eligible for benefits, you must be interviewed on at

☐ in our office ☐ in your home ☐ by telephone, at .

Contact your worker if you cannot keep this appointment or want your worker to call you at a different telephone number.

- ☐ Complete, sign, and return attached Form .
- ☒ Provide PROOF of item(s) checked on the back of this form.
- ☐ Contact your worker regarding _____.
- ☐ Contact your worker to establish good cause for failure or refusal to participate in Temporary Assistance for Needy Families (TANF) Work activities.
- ☐ Because you were eligible for expedited food benefits, OKDHS postponed asking you for certain proof. Before receiving more food benefits, you must now provide proof of items checked on the back of this form.
- ☐ Because you were eligible for expedited child care benefits, OKDHS postponed asking you for certain proof. Before receiving more child care benefits, you must now provide proof of items checked on the back of this form.

If the action(s) checked above is not met on or before **06/20/2022** your **MEDICAID/NURSING HOME** will be denied effective **03/23/2022**.

CARRIE COLCLAZIER

Worker email address and/or name

AFS.D10V@OKDHS.ORG

Days in office

(405) 982-1572

Telephone number

(405) 707-3790

FAX number

Form 08AD092E (ADM-92) revised 09/01/2021 may continue on next page, page 1 of 3

Items of Proof Needed

Provide proof of items checked by uploading them directly into your case record and choosing "Fast Pass Verification Upload," logging in, choosing the "Upload Verification" option, and uploading one document or page at a time or mailing or bring proof to the address shown at the top of the first page of this form.

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Dorothy Ashton J146901

1. List of documents in all safety deposit boxes.
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3. Sale of property EDPA Harrow 09/09/16 per 2016 taxes (Exhibit 4)
4. 2 fmv of home property & equity
5. Paul Ashton Trust No. 1 is listed on taxes. If there is an unsigned trust document, please provide a copy, including a list of all assets and FMV.
6. Mineral rights NE/4 S5 T23N R14W of the Indian Meridian, Woods County leased by Tapstone Energy. Did not specify how many net mineral acres. (Exhibit 14). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
7. Mineral rights NE/4 SE/4 S6 T23N R14W of the Indian Meridian containing 40 acres in Woods County leased by Tapstone Energy (Exhibit 15). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
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9. Mineral rights E/2 SW/4 SW/4 SE/4 S29 T28N R16W containing 120 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 17). Please provide a copy of the 2021 1099.
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 - i. 04/91/17 transfer into account for \$2000.00
 - ii. 04/30/17 check # 9817 to Terry Ashton note says farm
 - iii. 05/28/17 check # 9840 for \$554.38 to Terry Ashton note says farm
 - iv. Monthly deposits of \$25.00 noted as Michael Earl
 - v. Statements are missing for the months of September through December 2021 and January through March 2022.

Dorothy Ashton J146901

1. List of documents in all safety deposit boxes.
 - a. Please see Response attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
2. Rental income on tax returns
 - a. Please see Response attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
3. Sale of property EDPA Harrow 09/09/16 per 2016 taxes (Exhibit 4)
 - a. Please see Response attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
4. 2 FV of Home Property & Equity
 - a. See attached appraisal from Troy Lippard of Lippard Auctioneers (Exhibit A)
 - b. See attached appraisal from Jerry Whitney Auctioneers (Exhibit B)
5. Paul Ashton Trust No. 1 is listed on taxes. If there is an unsigned trust document, please provide a copy, including a list of all assets and FMV
 - a. Revocable Trust of Paul Wayne Ashton (Exhibit C)
6. Mineral rights NE/4 S5 T23N R14W of the Indian Meridian, Woods County leased by Tapstone Energy. Did not specify how many net mineral acres. (Exhibit 14). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
 - a. Please see Exhibit D attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.

Dorothy Ashton J146901

7. Mineral rights NE/4 SE/4 S6 T23N R14W of the Indian Meridian containing 40 acres in Woods County leased by Tapstone Energy (Exhibit 15). Please provide documentation of the number of net mineral acres. Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits. Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions. Please provide documentation of the amount and date of all lease payment(s). Please provide a copy of all associated 1099s.
 - a. Please see Exhibit E attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
8. Mineral rights NE/4 NW/4 & NW/4 NE/4 S32 T28N R16W, containing 80 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 16). Please provide a copy of the 2021 1099.
 - a. Please see Exhibit F attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
9. Mineral rights E/2 SW/4 SW/4 SE/4 S29 T28N R16W containing 120 acres in Woods County, OK. Leased by Mach Resources. (Exhibit 17). Please provide a copy of the 2021 1099.
 - a. Please see Exhibit F attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.
10. Balances for bank accounts provided in letter from law office are from June 30, 2021.
 - a. See Bank Statements July 2021 to Current for Account [REDACTED] for Dorothy Ashton (Exhibit D).
 - b. See Bank Statements July 2022 to Current for Account [REDACTED] Paul Ashton Trust Account (Exhibit E).
11. Dacoma Farmers Coop stocks value was provided for June 16, 2021. (Exhibit 20)
 - a. See current value letter from Kevin Jefferies (CFO) at Dacoma Farmers Coop (Exhibit F).

Dorothy Ashton J146901

12.Oktaxrolls.com show 2 properties in the names of Dorothy L & Paul W Ashton Trust

a. See Warranty Deed (Exhibit G)

40950 Aline Blacktop Rd, Aline, OK

NW, N/2SE, NESW, 5-23-14 DR 562/424 277.00 Acres

a. See OK Assessor's Page Parcel ID: 760000263 (Exhibit H)

b. See attached appraisal from Troy Lippard of Lippard Auctioneers (Exhibit A)

c. See attached appraisal from Jerry Whitney Auctioneers (Exhibit B)

NE LESS TR,5-23-14 562/424 PAUL W. & DOROTHY LEE ASHTON, TRUSTEES 100C/O D.VETERAN 147.00 Acres

a. See OK Assessor's Page Parcel ID: 760000262 (Exhibit I)

13.Transactions

04/91/17 transfer into account for \$2000.00

Please see Response attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.

04/30/17 check # 9817 to Terry Ashton note says farm

Please see Response attachment from Cristal Rangel to Carrie Colclazier dated Monday, June 6, 2022.

05/28/17 check # 9840 for \$554.38 to Terry Ashton note says farm

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Monthly deposits of \$25.00 noted as Michael Earl

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Dorothy Ashton J146901

Statements are missing for the months of September through December 2021 and January through March 2022.

See Exhibits D & E

Megan Hickman

From: Leona McGee <Leona.McGee@okdhs.org>
Sent: Friday, August 12, 2022 1:34 PM
To: Olivia Lucas
Cc: Shannon Smith; Charla Hursh; Linda Cavitt; hrms; Susan Eads
Subject: Ashton, Dorothy Status Update J146901

Good afternoon Ms. Lucas,

Kelly is out of the office on medical leave, but I wanted to follow up with you on this case. It appears that the most recent request that Kelly was preparing included the items listed below. I am not finding that I was CCed on such request, and I am not finding any replies, so I'm not sure if she had the opportunity to get these requests to you. If she did, I apologize about the duplication.

The below information is still needed to complete the eligibility for Ms. Dorothy Ashton. Please submit the following information by August 22, 2022:

- Documentation on Exhibit D relating to Section 5, Township 23N, Range 14W, the following requests were not responded to:
 - Please provide a complete copy of the lease, inclusive of all amendments, addendums, and exhibits.
 - Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions.
 - Please provide a copy of all associated 1099s.
- Documentation on Exhibit E relating to Section 6, Township 23N, Range 14W, in Woods County, Oklahoma, the following requests were not responded to:
 - Please provide a complete copy of all agreements, correspondence, and communications relating to shut-in provisions.
 - Please provide documentation of the amount and date of all lease payment(s).
 - Please provide a copy of all associated 1099s.
- Requesting documentation on Exhibit 17. Please submit a copy of 2021 actual 1099 for Royalties paid by Mach Resources for mineral interest described as NE/4 NW/4 & NW/4 NE/4 S32 T28N R16W, containing 80 acres in Woods County, Oklahoma, and E/2 SW/4 SW/4 SE/4 S29 T28N R16W containing 120 acres in Woods County, Oklahoma.

Again, I apologize if this is a duplicate, and if you have already responded with this information, could you please forward it to all those who are CCed on this request?

Thanks again for your assistance!

Leona McGee

Family Services Specialist IV
R1 D1,2,26 Long-Term Care Unit

From: Olivia Lucas <olucas@westoklaw.com>
Sent: Monday, July 25, 2022 9:48 AM



To: Kelly Armstrong <Kelly.Armstrong@okdhs.org>
Subject: [EXTERNAL] FW: Ashton, Dorothy Status Update

Good morning,

Just following up with you regarding the status for Ms. Dorothy Ashton. I am forwarding my previous email with information that was provided on 07/18/2022. Please advise if there is anything else that you may need.

Thank you!



RIFTEL, RIFTEL & BENHAM, PLLC
ATTORNEYS AT LAW

Olivia Lucas

Legal Assistant to Craig Riffel
3517 W. Owen K. Garriott, Suite One
Enid, Oklahoma 73703
olucas@westoklaw.com
Phone: (580)-234-8447
Fax: (580)-234-5547

From: Olivia Lucas
Sent: Monday, July 18, 2022 10:18 AM
To: Kelly.Armstrong@okdhs.org
Subject: Ashton, Dorothy

Kelly,

Good morning, I have attached the documents requested. The two bank statements and the nursing home statement. I have also included the check images for vender payments. Please advise if there is anything else needed. I look forward to working with you !

Thank you,



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Megan Hickman

From: Olivia Lucas
Sent: Monday, August 22, 2022 10:07 AM
To: Leona McGee
Cc: Shannon Smith; Charla Hursh; Linda Cavitt; hrms; Susan Eads
Subject: FW: Ashton, Dorothy Status Update J146901
Attachments: Exhibit 17 1099.pdf; Exhibit D.pdf; Exhibit E.pdf

Good morning,

Please see attached, regarding the documents requested. Let me know if there is anything else you need.

Thank you !



RIFFEL, RIFFEL & BENHAM, PLLC
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